

78  
10-19-00

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

**BEST AVAILABLE COPY**

78381  
8-34  
10-12-00

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	0	0	6/10/03
2	0	0	6/10/03
3	0	0	6/10/03
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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